

UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE


Address to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	INGI3002/JEK/JJC
	First Named Inventor (or identifier)	INGIMUNDARSON ET AL.
	Total Pages	46

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: ANKLE-FOOT ORTHOSIS

- ☒ 1. Submitted herewith are the following:
- 32 pages of specification.
 - ☒ Abstract.
 - 6 sheet(s) of drawings.
 - 36 claim(s).
 - ☐ Oath/Declaration signed by each inventor.
 - ☒ Application Data Sheet.
 - ☐ Preliminary Amendment.
 - ☒ Information Disclosure Statement(s).
 - 1 pages of Form PTO-1449, and one copy of each document listed thereon.
 - ☐ Assignment of the invention, Cover Sheet, and payment of the \$_____ recordal fee.
 - ☐ certified copy of application no. _____ filed in _____. Priority is claimed.
 - ☒ check in the amount of \$ 1,144.00 including any assignment recordal fee.
- ☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -
- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -
- ☐ 6. Other: _____.

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	36	- 20 =	16	X \$18 =	\$288.00
Independent Claims:	4	- 3 =	1	X \$86 =	\$86.00
Correspondence Address: 23364 Customer Number				Multiple Dependent Claim (add \$290.00):	
				Subtotal:	\$1,144.00
				50% Reduction if Small Entity Status:	.00
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$1,144.00
Date:	Name:		Signature:		Reg. No.
November 7, 2003	JUSTIN J. CASSELL				46,205